


8/30/02
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Appeal

PTO/SB/31 (02-01)

Approved for use through 10/31/2002. OMB 0651-0031
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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 7117-89 | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on _____ Signature _____ Typed or printed name _____ | | In re Application of LAMPERT | |
| | | Application Number 09/016,002 | Filed JAN. 30, 1998 |
| | | For PARCELIZED GEOGRAPHIC DATA MEDIUM WITH INTERNAL SPATIAL INDICES AND METHOD AND SYSTEM FOR USE AND FORMATION THEREOF | |
| | | Group Art Unit 3624 | Examiner COLBERT |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) | | \$ <u>320</u> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ _____ | |
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| <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | |
| 08/30/2002 SCALLIA WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 01 FC:119 320.00 CH | | | |
| I am the | |  | |
| <input type="checkbox"/> applicant/inventor. | | Signature | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. | | FRANK J KOZAK | |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | Typed or printed name | |
| | | AUG. 29, 2002 | |
| | | Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |

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